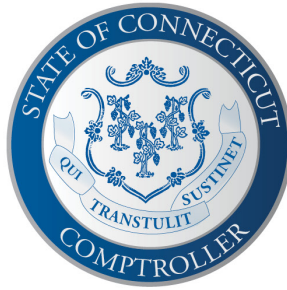


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**Written Testimony  
Comptroller Kevin Lembo  
February 25, 2020**

**S.B. 1 AN ACT CONCERNING DIABETES AND HIGH DEDUCTIBLE PLANS**

Senator Lesser, Representative Scanlon, Senator Kelly, and Representative Pavalock D'Amato and members of the Insurance and Real Estate Committee. Thank you for the opportunity to express my support for Senate Bill 1 An Act Concerning Diabetes and High Deductible Health Plans.

We are here today to talk about insulin. At the outset, it is important to acknowledge that insulin is not an elective drug. It is a life-saving drug. People need insulin to stay alive. Diabetes is not new, and neither is insulin. Insulin has been around for over 100 years, has seen little innovation and costs only \$5 to make one vial. Why then are people dying from a manageable disease in the wealthiest country in the world because they cannot afford this available and inexpensive treatment? It is because certain industries have decided they want to profit from people's vulnerability – and government has allowed them to do it.

People with diabetes, on average, spend greater than 2.3x more on health care than someone without diabetes. In addition, the diabetes diagnosis rate has steadily increased for several years now. As administrator of the state health plan, I can tell you that diabetes is one of the largest concerns in the cost of health care and is the top pharmacy cost driver in the state employee health plan.

The state employee health plan covers 200,000 state and municipal lives and includes over 14,000 people with diabetes. This is just 7% of our population, but accounts for over 13.6% of our health care pharmacy spend.

The problem here is clear – the high and rising cost of insulin is unsustainable and unjustified and continuing to rise. Some insulin costs have even increased as much as 300% in the last 9 years. Rather than manufacturers and pharma protecting patients from these hikes, they are reaping the rewards, while the patients suffer the consequences.

Senate Bill 1 is a step to end this cycle of exploiting individuals with diabetes and their families. By capping the cost of insulin at \$50 and supplies at \$100, the state is recognizing the complexity of treating diabetes, while providing real relief and stability to people and families in Connecticut suffering from diabetes. Each month, patients and families will know what they will have to pay and will no longer be subject to surprise costs at the pharmacy counter.

The emergency insulin provision of this bill will save lives in Connecticut. Here, people who have expired insulin prescriptions or are without a prescription, but are in dire need of insulin, will be able to get an emergency 30-day supply up to three times a year. This means that mistakes or emergencies no longer

lead to deadly consequences, and people will no longer be forced to ration their insulin or purchase emergency supplies from unregulated sources. This provision creates a true safety net for ALL individuals and families living with diabetes.

Tens of thousands of Connecticut people depend on insulin to live – and many struggle to afford it. Connecticut is one of the wealthiest states in the wealthiest country in the world! We should be able to figure this out. It is our responsibility as public servants to figure this out. Solving this problem, making insulin more affordable and accessible, will save lives. All we have to do is stand up to those who have taken advantage of people for too long and say enough is enough.

I want to thank the chairs and members of the Insurance and Real Estate Committee for raising this bill. The caps on insulin and diabetes supplies will have significant impacts on those covered in the fully insured market and access to emergency prescriptions of insulin will benefit all of CT residents. Thank you for your leadership on this issue and for the opportunity to testify in support of Senate Bill 1.